

Work Order # _____ Job # _____ Activity # _____

1. Work requester fills out this section

STANDING WORK PERMIT ☐

Requester: SAL MARINO Date: 9/13/01 Ext. 3764 Dept/Div/Group: PO

Other Contact person (if different from requester): _____ Ext. _____

Work Control Coordinator JA Crowley Start Date 9/14/01 Est. End Date 9/14/01

Description of Work / Problem: REPLACE H.W. MAIN FRAME CRATE ON TOP OF EYEBROW ON MMS IN PHENIX IR

Building 1008 Room FTT Equipment N/A Service Provider BNL TECHS

2. Work requester, service provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H Analysis

RADIATION CONCERNS ☒ NONE ☐ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ OTHER _____
☐ Special nuclear materials involved, notify Isotope Special Materials Group ☐ Fissionable materials involved, notify Laboratory Criticality Officer

SAFETY CONCERNS ☐ NONE
☐ Adding / Removing Walls or Roofs ☐ Confined Space* ☐ Explosives ☐ Lead* ☐ Penetrating Fire Wall
☐ Asbestos* ☐ Corrosive ☒ Flammable ☐ Magnetic Field ☐ Pressurized Systems
☐ Beryllium* ☐ Cryogenic ☐ Fumes/Mist/Dust* ☒ Material Handling ☐ Rigging/Critical Lift
☐ Biohazard* ☐ Electrical ☐ Heat/Cold Stress* ☐ Noise* ☐ Toxic Materials*
☐ Chemicals* ☒ Elevated Work* ☐ Hydraulic ☐ Non-ionizing Radiation ☐ Vacuum
☐ Excavation ☐ Lasers* ☐ Oxygen Deficiency* ☐ OTHER _____

*Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☒ No

ENVIRONMENTAL CONCERNS ☒ NONE ☐ Work impacts Environmental Permit No. _____
☐ Atmospheric Discharges (rad/non-rad) ☐ Liquid Discharges ☐ Soil activation/contamination ☐ Waste - Mixed
☐ Chemical or Rad Material Storage or Use ☐ Oil / PCB Management ☐ Waste - Clean ☐ Waste - Radioactive
☐ Cesspools (UIC) ☐ Protected areas / species ☐ Waste - Hazardous ☐ Waste - Regulated Medical
☐ High water / power consumption ☐ Spill potential ☐ Waste - Industrial ☐ OTHER _____

Waste disposition by: _____

POLLUTION PREVENTION (P2) / WASTE MINIMIZATION OPPORTUNITY: ☒ None ☐ Yes

Facility Concerns

☒ NONE

☐ Access/Egress Limitations ☐ Impacts Facility Use Agreement ☐ Temperature Change ☒ OTHER WORK NEAR FLAMMABLE GAS DETECTIONS
☐ Configuration Control ☐ Maintenance Work on Ventilation Systems ☐ Utility Interruptions
☐ Electrical Noise ☐ Potential to Cause a False Alarm ☐ Vibrations

Work Controls

WORK PRACTICES ☐ NONE ☐ Exhaust Ventilation ☒ Lockout/Tagout ☐ Spill Containment
☒ Back-up Person/Watch ☐ HP Coverage ☐ Posting/Warning Signs ☐ Time Limitation
☐ Barricades ☐ IH Survey ☐ Scaffolding - requires inspection ☐ Warning alarm (i.e. "high level")

PROTECTIVE EQUIPMENT ☐ NONE ☐ Ear Plugs ☐ Gloves ☐ Lab Coat ☐ Safety Glasses
☐ Coveralls ☐ Ear Muffs ☐ Goggles ☐ Respirator ☐ Safety Harness
☐ Disposable Clothing ☐ Face Shield ☒ Hard Hat ☐ Shoe covers ☐ Safety Shoes ☐ OTHER _____

PERMITS

Initial next to box to show who has responsibility to generate the permit. Permits must be valid when job is scheduled.

REQUIRED
(Please attach)

☒ NONE ☐ Cutting/Welding ☐ Impair Fire Protection Systems
☐ Concrete/Masonry Penetration ☐ Digging/Core Drilling ☐ Rad Work Permit - RWP No. _____
☐ Confined Space Entry ☐ Electrical Working Hot ☐ OTHER _____

DOSIMETRY/ MONITORING

☒ NONE ☐ Heat Stress Monitor ☐ Real Time Monitor ☐ TLD
☐ Air Effluent ☐ Noise Survey/Dosimeter ☐ Self-reading Pencil Dosimeter ☐ Waste Characterization
☐ Ground Water ☐ O₂/Combustible Gas ☐ Self-reading Digital Dosimeter ☐ OTHER _____
☐ Liquid Effluent ☐ Passive Vapor Monitor ☐ Sorbent Tube/Filter Pump

Training Requirements (List below any location specific training requirements)

SAC TRAINING

Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below.

S&H Risk Level: LOW ☒ MODERATE ☐ HIGH
Complexity Level: ☒ LOW ☐ MODERATE ☐ HIGH
Work Coordination: ☒ LOW ☐ MODERATE ☐ HIGH

Note: If all the ratings are LOW, the Work Control Coordinator and Service Provider must sign for concurrence on the back side. Further review of the work permit is not required. If any ratings are MODERATE or HIGH, the entire permit must be completed.

3. Both work requester and service provider coordinate on work plan (use attachments for detailed plans)

Work Plan: (procedures, timing, equipment, and personnel availability need to be addressed)

JOB REQUIRES USE OF OVERHEAD CRANE WITH FLAMMABLE GAS IN DETECTOR.

1. DETECTOR HV WILL BE TURNED OFF.

2. NO RIGGING WILL OCCUR OVER FLAMMABLE DETECTORS

3. ACCESS RESTRICTED TO WORK AREA

Special Working Conditions Required: None

Operational Limits Imposed: No

Post Work Testing Required: No

Job Safety Analysis Required Yes ☒ No Walkdown Required Yes ☒ No

Reviewed By: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	Arthur J. Pipa		18661	9-13-01
ES&H Professional	Fisher Etkin		13163	9-13-2001
Other	Yousef Makdisi		15535	9/13/01
Other	CRANSON		15245	9/13/2001
Work Control Coordinator*	A. Frauley		F5711	9/13/2001
Service Provider*				

*Only signatures required for concurrence on LOW rated jobs.

Review done: in series team

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including attached permits).

Job Site Supervisor		Contractor Supervisor	
Workers: SAL MARINO	Life # 15767	Workers:	Life #
JIM LABOUNTY	18643		

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name Sal Marino Signature _____ Life # _____ Date _____

6. Work Requester determines if Post Job Review is required ☒ No ☐ Yes (Fill in names of reviewers)

Post Job Review:

Name: _____ Signature _____ Life #: _____ Date: _____

Name: _____ Signature _____ Life #: _____ Date: _____

7. Worker provides feedback

Worker Feedback:

8. Work Control Coordinator (requesting dept.) checks quality of completed permit and closes out

Closeout: Name _____ Signature _____ Life #: _____ Date: _____

Comments: _____